

TO INSURE PROPER ADJUSTMENT TO YOUR ACCOUNT, ALL REQUIRED INFORMATION MUST BE COMPLETED.

Bank Name	
City	
Date	
9 Digit ABA Number	Account Number
Prepared By	Telephone Number

OPERATIONS DEPT - ADJUSTMENTS  
 BANK OF NORTH DAKOTA  
 PO BOX 5509  
 BISMARCK ND 58506-5509

Request for
 ☐ Debit
 ☐ Credit
 of \$
 \_\_\_\_\_
 to our account for

☐ Cash letter from Bank of North Dakota  
☐ Cash letter deposit to Bank of North Dakota  
☐ Return item cash letter

\*Note - BND reserves the right to decline adjustments below a certain dollar amount based on internal procedures or adjustment limits established by correspondent banks of BND

Cash Letter Date	Cash Letter Total	Tape Total
10 Digit Sequence Number	Between Items  and	Other Bank Endorsers

PLEASE MARK ALL THAT APPLY

- ☐ \$ \_\_\_\_\_ item listed not enclosed
- \* ☐ \$ \_\_\_\_\_ item returned without entry
- \* ☐ \$ \_\_\_\_\_ item listed/encoded as \$ \_\_\_\_\_
- \* ☐ \$ \_\_\_\_\_ item enclosed, not listed
- \* ☐ \$ \_\_\_\_\_ item charged to us in error
- ☐ \$ \_\_\_\_\_ missing bundle
- ☐ \$ \_\_\_\_\_ extra bundle
- ☐ Other \_\_\_\_\_

\*Please supply us with two facsimiles of both front and back of item and copy of listing.  
 \*If more than one item, please list items and sequence numbers for each item.

Comments:

OPERATIONS USE ONLY				
Date Received	Credit	Debit	Date	Completed By